



**APPLICATION - NATIONAL POLLUTANT DISCHARGE
ELIMINATION SYSTEM (NPDES) PERMIT**

APPLICANT		Application No.	
Facility Name		County	
Address		Telephone No.	
Existing CSMO Permit No.		Existing NPDES Permit No.	

1. Standard Industrial Classification - SIC Codes															
SIC Code				First				SIC Code				Second			
SIC CODE				Third				SIC Code				Fourth			

- 2. Company Representative(s)** - Provide the names, titles, and telephone numbers of the company officials who have direct responsibility and authority to sign and submit the **Discharge Monitoring Reports** (DMLR-PT-119) that will be required by the NPDES permit. These officials must have the responsibility and authority to ensure: (a) compliance with the permit's effluent limitations; (b) that discharges are properly sampled and analyzed; and, (c) the monitoring reports (DMLR-PT-119) are properly completed, signed, and timely submitted.

Name of Company Official	Title	Telephone (work)	Telephone (home)

- 3. Sample Collection/Analysis** - If the company contracts for sampling or testing services, provide the following information:

Laboratory Name	Address	Telephone
Contact Person		

- 4. Outfall Location** - On "Attachment 4-A" (see Page 6), for each outfall and haulroad sump, list the latitude and longitude of its location and the name of the receiving water.

5. Flows, Sources of Pollution, and Treatment Technologies

- A.** Attach a line drawing showing the water flow through the permit. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed

descriptions in item **B**. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

- B.** For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and, (3) the treatment received by the wastewater. Use additional pages as necessary.

Outfall Number:				
Classification: E = existing and P = proposed. If P , list date discharge expected to begin				
Type of discharge: G = ground water, S = surface runoff, P = process water, and O = other (specify)				
Sources of Discharge: For each outfall discharge, identify its source(s). Some discharges may have more than one source; therefore, identify all applicable sources that result in each outfall discharge. Check the applicable block(s).				
<u>Surface Runoff Sources:</u>				
Mine Portal Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coal Loading Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coal Stockpile Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haul Road Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuse Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation Plant Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Railroad Track Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Source(s) other than surface runoff:</u>				
Mine Dewatering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation Plant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Information;				
Average Flow (gpm)				
Drainage Area (acres)				
Disturbed Area (acres)				
Treatment Facility Identification				
Capacity				

Comments	

6. Description of Discharge(s) and Treatment Facility(ies)

Type(s) of Treatment Provided: For each of the outfall discharges described above, give an explanation of the type(s) of treatment that will be provided, such as - (1) Sedimentation (solids removal by gravity settling); (2) chemical treatment (i.e., pH neutralization, iron (Fe) removal by oxidation, flocculation, or sedimentation); (3) manganese (Mn) removal by oxidation, flocculation or sedimentation; or (4) other methods (describe).
Chemical Agent(s): If chemical agents (including flocculants, polymers, organic or inorganic compounds) are to be used as part of the treatment process, provide the following information for each chemical agent: (1) trade name of the agent; (2) toxicity of agent; (3) purpose for using the agent and type of treatment for which the chemical agent will be utilized; (4) the specific outfall discharges in which the agent will be used; and, (5) any other pertinent information.
Leaks or Spills: Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released:
Biological Toxicity Testing Data: Include the results of any biological analyses for acute toxicity that have been made on any of your discharges or on a receiving water in relation to your discharge within the past three years.

7. Pollutant Characteristics: Check YES or NO, as applicable to the permit or proposed permit area.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	A. The area contains a publicly owned treatment works which discharge into the waters of the United States.
<input type="checkbox"/>	<input type="checkbox"/>	B. The facility treats, stores, or disposes of hazardous wastes.
<input type="checkbox"/>	<input type="checkbox"/>	C. Fluids are injected at this facility which are: (1) brought to the surface in connection with conventional oil or natural gas production; (2) used for the enhanced recovery of oil or natural gas; or (3) for storage of liquid hydrocarbons.
<input type="checkbox"/>	<input type="checkbox"/>	D. The area contains a concentrated animal feeding operation or aquatic animal production facility that discharges into the waters of the United States.
<input type="checkbox"/>	<input type="checkbox"/>	E. This facility will inject industrial effluent below the lower most stratum containing, within 1 quarter mile of the well bore, underground sources of drinking water.

8. Effluent Characteristics: Provide the following information regarding the quality and quantity of discharges from the permit (or proposed permit) area. (**Note:** If analytical data is available, provide the results

of at least one analysis for every pollutant in the following table. Complete one table for each **existing outfall**.
Do not complete a table for proposed outfalls or haulroad sumps). Use additional pages as necessary.

☐ **Outfall** or ☐ **Haulroad Sump No.:** _____

Parameter	Maximum Daily Value	Maximum 30 Day Value	Long Term Average	Number of Analyses	Units
Flow					
pH					
Temperature					
Total Iron					
Total Manganese					
Suspended Solids					

☐ **Outfall** or ☐ **Haulroad Sump No.:** _____

Parameter	Maximum Daily Value	Maximum 30 Day Value	Long Term Average	Number of Analyses	Units
Flow					
pH					
Temperature					
Total Iron					
Total Manganese					
Suspended Solids					

☐ **Outfall** or ☐ **Haulroad Sump No.:** _____

Parameter	Maximum Daily Value	Maximum 30 Day Value	Long Term Average	Number of Analyses	Units
Flow					
pH					
Temperature					
Total Iron					
Total Manganese					
Suspended Solids					

9. Public Notice: Attach a copy of your proposed NPDES public notice with the application.

10. Company Certification:

I certify under penalty of law that this document and all attachments thereto were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Company Official's Name:	_____	Title:	_____
Signature:	_____	Date:	_____

ATTACHMENT 4-A			
Outfall/Sump No.	Latitude	Longitude	Receiving Stream